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**Ehrenreich**

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(54) **HINGED TISSUE SUPPORT DEVICE**

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See application file for complete search history.

(56) **References Cited**

**U.S. PATENT DOCUMENTS**

2,238,563 A \* 4/1941 Jacques ..... 27/21.1  
2,416,260 A 2/1947 Karle

2,449,235 A	9/1948	Krupp
3,766,610 A	10/1973	Thorsbakken
3,877,434 A	4/1975	Ferguson et al.
4,156,574 A	5/1979	Boden
4,705,040 A	11/1987	Mueller et al.
4,750,492 A	6/1988	Jacobs
4,807,333 A	2/1989	Boden
5,292,332 A	3/1994	Lee
5,342,393 A	8/1994	Stack
5,364,408 A	11/1994	Gordon
5,383,905 A	1/1995	Golds et al.
5,391,200 A *	2/1995	KenKnight et al. .... 607/129
5,417,699 A	5/1995	Klein et al.
5,435,044 A	7/1995	Ida
5,454,140 A	10/1995	Murai
5,462,558 A	10/1995	Kolesa et al.
5,478,353 A	12/1995	Yoon

(Continued)

**FOREIGN PATENT DOCUMENTS**

WO	WO 02/15795	2/2002
WO	WO 2005/027754	3/2005

**OTHER PUBLICATIONS**

U.S. Appl. No. 12/684,470, filed Jan. 8, 2010, Voss et al.

(Continued)

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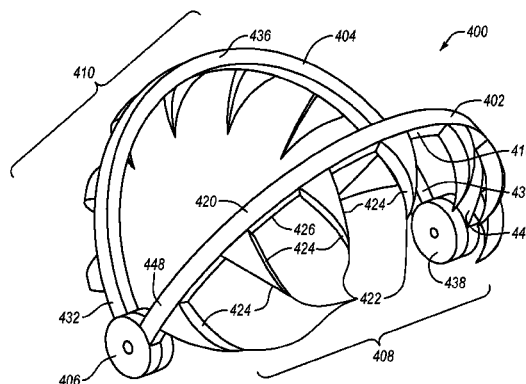
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(57) **ABSTRACT**

A tissue support device is provided for managing access  
through tissue. The tissue support device engages the tissue  
proximate an opening in the tissue and biases the tissue  
support device to bring the engaged tissue together.

**16 Claims, 4 Drawing Sheets**



# US 9,468,431 B2

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(56)

## References Cited

### U.S. PATENT DOCUMENTS

5,501,692 A 3/1996 Riza  
5,507,754 A 4/1996 Green et al.  
5,520,070 A 5/1996 Beugelsdyk et al.  
5,520,702 A 5/1996 Sauer et al.  
5,562,688 A 10/1996 Riza  
5,562,689 A 10/1996 Green et al.  
5,569,306 A 10/1996 Thal  
5,572,770 A 11/1996 Boden  
5,575,800 A 11/1996 Gordon  
5,613,974 A 3/1997 Andreas et al.  
5,630,824 A 5/1997 Hart  
5,645,553 A 7/1997 Kolesa et al.  
5,658,313 A 8/1997 Thal  
5,662,664 A 9/1997 Gordon et al.  
5,700,272 A 12/1997 Gordon et al.  
5,702,397 A 12/1997 Goble et al.  
5,725,529 A 3/1998 Nicholson et al.  
5,779,707 A 7/1998 Bertholet et al.  
5,868,762 A 2/1999 Cragg et al.  
5,893,856 A 4/1999 Jacob et al.  
5,899,921 A 5/1999 Caspari et al.  
5,902,311 A 5/1999 Andreas et al.  
5,941,901 A 8/1999 Egan  
6,066,160 A 5/2000 Colvin et al.  
6,086,608 A 7/2000 Ek et al.  
6,099,547 A 8/2000 Gellman et al.  
6,136,010 A 10/2000 Modesitt et al.  
6,136,017 A \* 10/2000 Craver ..... A61B 1/32  
600/206  
6,190,414 B1 \* 2/2001 Young et al. .... 623/17.15  
6,200,329 B1 3/2001 Fung et al.  
6,203,554 B1 3/2001 Roberts  
6,206,895 B1 3/2001 Levinson  
6,228,096 B1 5/2001 Marchand  
6,231,592 B1 5/2001 Bonutti et al.  
6,245,080 B1 6/2001 Levinson  
6,277,140 B2 8/2001 Ginn et al.  
6,290,575 B1 \* 9/2001 Shipp ..... A61B 17/1285  
451/28  
6,398,796 B2 6/2002 Levinson  
6,475,230 B1 11/2002 Bonutti et al.  
6,712,837 B2 3/2004 Akerfeldt et al.  
6,746,457 B2 6/2004 Dana et al.  
6,786,915 B2 9/2004 Akerfeldt et al.  
7,011,400 B2 3/2006 Nakano  
7,033,370 B2 4/2006 Gordon et al.  
7,060,077 B2 6/2006 Gordon et al.  
7,147,646 B2 12/2006 Dana et al.  
7,320,693 B2 1/2008 Pollack et al.  
7,361,183 B2 4/2008 Ginn  
7,390,328 B2 6/2008 Modesitt  
7,435,251 B2 10/2008 Green  
7,662,161 B2 2/2010 Briganti et al.  
7,713,284 B2 5/2010 Crofford  
7,842,051 B2 11/2010 Dana et al.  
7,875,043 B1 1/2011 Ashby et al.  
7,931,670 B2 4/2011 Fiehler et al.  
7,947,062 B2 5/2011 Chin et al.  
8,048,108 B2 11/2011 Sibbitt, Jr. et al.  
8,100,923 B2 1/2012 Paraschac et al.  
8,128,652 B2 3/2012 Paprocki  
8,128,653 B2 3/2012 McGuckin, Jr. et al.  
8,262,736 B2 \* 9/2012 Michelson ..... 623/17.16  
8,337,522 B2 12/2012 Ditter  
8,480,691 B2 7/2013 Dana et al.  
8,579,934 B2 11/2013 Ginn  
8,647,364 B2 2/2014 Fiehler et al.  
8,932,324 B2 1/2015 Sibbitt, Jr. et al.  
8,932,327 B2 1/2015 Kosa et al.  
8,945,180 B2 2/2015 Roorda  
2001/0023352 A1 9/2001 Gordon et al.  
2001/0044638 A1 11/2001 Levinson et al.  
2001/0044639 A1 11/2001 Levinson  
2002/0002401 A1 1/2002 McGuckin, Jr. et al.  
2002/0077658 A1 6/2002 Ginn

2002/0082641 A1 6/2002 Ginn et al.  
2002/0107542 A1 8/2002 Kanner et al.  
2002/0151921 A1 10/2002 Kanner et al.  
2002/0169478 A1 11/2002 Schwartz et al.  
2002/0188318 A1 12/2002 Carley et al.  
2003/0055320 A1 \* 3/2003 McBride ..... A61B 17/0206  
600/217  
2003/0093096 A1 5/2003 McGuckin, Jr. et al.  
2003/0144695 A1 7/2003 McGuckin, Jr. et al.  
2003/0167062 A1 9/2003 Gamabale et al.  
2003/0195514 A1 \* 10/2003 Trieu et al. .... 606/61  
2003/0199987 A1 10/2003 Berg et al.  
2004/0093024 A1 5/2004 Lousararian et al.  
2004/0122451 A1 6/2004 Wood  
2004/0158309 A1 8/2004 Wachter et al.  
2005/0038500 A1 2/2005 Boylan et al.  
2005/0085853 A1 4/2005 Forsberg et al.  
2005/0096697 A1 5/2005 Forsberg et al.  
2005/0205640 A1 9/2005 Milliman  
2006/0004261 A1 \* 1/2006 Douglas ..... A61B 17/0218  
600/210  
2006/0190037 A1 8/2006 Ginn et al.  
2006/0235505 A1 10/2006 Oepen et al.  
2006/0241579 A1 10/2006 Kawaura et al.  
2006/0265008 A1 11/2006 Maruyama et al.  
2006/0265010 A1 11/2006 Paraschac et al.  
2007/0010853 A1 1/2007 Ginn et al.  
2007/0060895 A1 3/2007 Sibbitt, Jr. et al.  
2007/0149987 A1 6/2007 Wellman et al.  
2007/0255317 A1 11/2007 Fanton et al.  
2007/0260125 A1 \* 11/2007 Strauss et al. .... 600/219  
2007/0270904 A1 11/2007 Ginn  
2007/0276433 A1 11/2007 Huss  
2007/0276488 A1 11/2007 Wachter et al.  
2008/0065156 A1 3/2008 Hauser et al.  
2008/0114395 A1 5/2008 Mathisen et al.  
2008/0312740 A1 12/2008 Wachter et al.  
2009/0012537 A1 1/2009 Green  
2009/0069847 A1 3/2009 Hashiba et al.  
2009/0157102 A1 6/2009 Reynolds et al.  
2009/0306671 A1 12/2009 McCormack et al.  
2009/0306685 A1 12/2009 Fill  
2010/0042144 A1 2/2010 Bennett  
2010/0179589 A1 7/2010 Roorda et al.  
2010/0179590 A1 7/2010 Fortson et al.  
2010/0256670 A1 10/2010 Ginn et al.  
2011/0029012 A1 2/2011 Tegels  
2012/0109189 A1 5/2012 Voss et al.  
2012/0184991 A1 7/2012 Paraschac et al.  
2012/0203328 A1 8/2012 Yribarren  
2012/0220833 A1 8/2012 Ehrenreich  
2013/0046331 A1 2/2013 Christensen et al.  
2013/0053884 A1 2/2013 Roorda  
2013/0103077 A1 4/2013 Ditter  
2013/0110165 A1 5/2013 Burkhart et al.  
2013/0218206 A1 8/2013 Gadlage  
2013/0231701 A1 9/2013 Voss et al.  
2013/0296887 A1 11/2013 Dana et al.  
2013/0345745 A1 12/2013 Kim  
2014/0148824 A1 5/2014 Fujisaki et al.  
2014/0228868 A1 8/2014 Hassan et al.  
2014/0336702 A1 11/2014 Rowe et al.  
2014/0364904 A1 12/2014 Kim

### OTHER PUBLICATIONS

U.S. Appl. No. 60/502,925, filed Sep. 15, 2003, Paraschac.  
U.S. Appl. No. 10/941,693, Nov. 17, 2006, Office Action.  
U.S. Appl. No. 10/941,693, May 7, 2007, Office Action.  
U.S. Appl. No. 10/941,693, Dec. 31, 2007, Office Action.  
U.S. Appl. No. 10/941,693, Jul. 9, 2008, Office Action.  
U.S. Appl. No. 10/941,693, Mar. 2, 2009, Office Action.  
U.S. Appl. No. 10/941,693, Oct. 23, 2009, Office Action.  
U.S. Appl. No. 10/941,693, Sep. 28, 2011, Notice of Allowance.  
U.S. Appl. No. 11/460,863, Jul. 12, 2007, Office Action.  
U.S. Appl. No. 11/460,863, Feb. 5, 2008, Office Action.  
U.S. Appl. No. 11/460,863, Oct. 10, 2008, Office Action.  
U.S. Appl. No. 11/460,863, Apr. 13, 2009, Office Action.

(56)

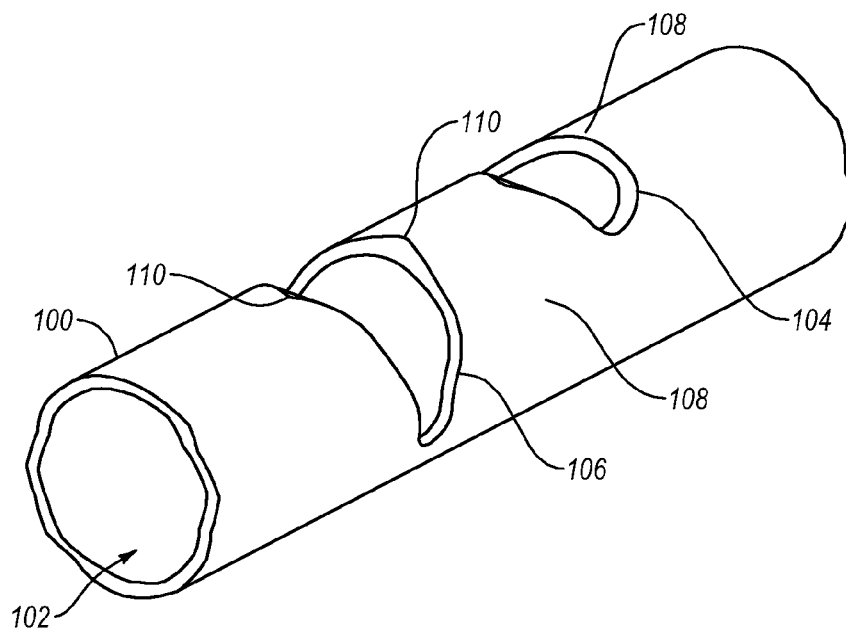
**References Cited**

**OTHER PUBLICATIONS**

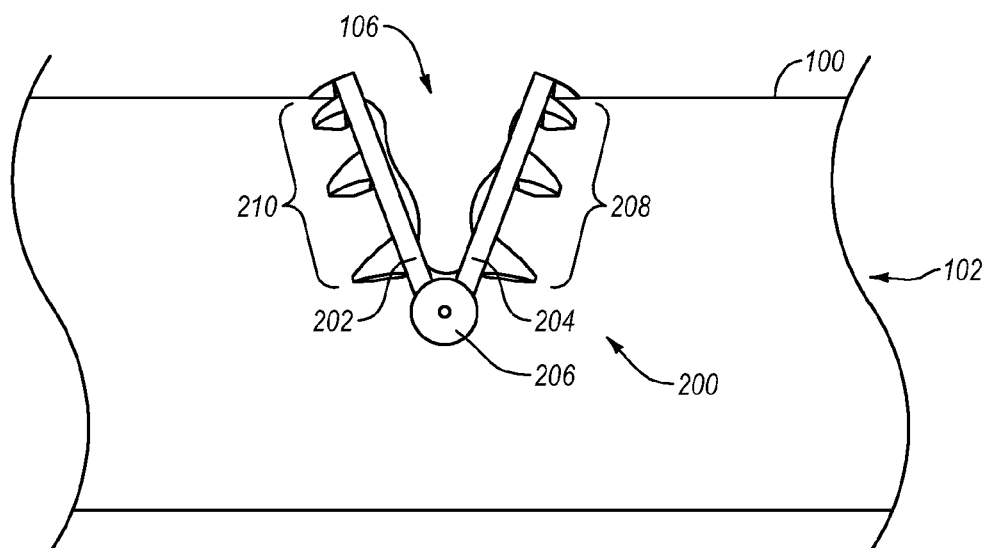
U.S. Appl. No. 12/917,195, Jun. 28, 2012, Office Action.  
U.S. Appl. No. 12/917,195, Aug. 1, 2012, Office Action.  
U.S. Appl. No. 12/917,195, May 6, 2013, Office Action.  
U.S. Appl. No. 12/917,195, Aug. 7, 2013, Notice of Allowance.  
U.S. Appl. No. 13/022,246, May 11, 2012, Office Action.  
U.S. Appl. No. 13/022,246, Nov. 28, 2012, Office Action.  
U.S. Appl. No. 13/022,246, Jun. 7, 2013, Office Action.  
U.S. Appl. No. 13/035,939, Jan. 31, 2013, Office Action.  
U.S. Appl. No. 13/035,939, Sep. 10, 2013, Office Action.  
U.S. Appl. No. 13/219,004, Dec. 19, 2012, Office Action.  
U.S. Appl. No. 13/219,004, Feb. 14, 2013, Office Action.  
U.S. Appl. No. 13/219,004, Aug. 9, 2013, Office Action.  
Beartrap definition; <http://en.wiktionary.org/wiki/beartrap>; 1 pg; accessed Dec. 4, 2014.  
U.S. Appl. No. 13/022,246, Nov. 14, 2013, Notice of Allowance.

U.S. Appl. No. 13/035,939, Apr. 10, 2014, Office Action.  
U.S. Appl. No. 13/035,939, Aug. 21, 2014, Office Action.  
U.S. Appl. No. 13/219,004, Aug. 5, 2014, Office Action.  
U.S. Appl. No. 13/356,129, May 6, 2014, Office Action.  
U.S. Appl. No. 13/356,129, Sep. 15, 2014, Office Action.  
U.S. Appl. No. 13/035,939, Jun. 29, 2015, Notice of Allowance.  
U.S. Appl. No. 13/411,320, May 27, 2015, Notice of Allowance.  
U.S. Appl. No. 13/219,004, May 27, 2015, Issue Notification.  
U.S. Appl. No. 13/035,939, Mar. 13, 2015, Office Action.  
U.S. Appl. No. 13/411,320, Feb. 3, 2015, Office Action.  
U.S. Appl. No. 13/219,004, Feb. 17, 2015, Notice of Allowance.  
U.S. Appl. No. 13/356,129, Mar. 18, 2015, Office Action.  
U.S. Appl. No. 13/411,320, Sep. 2, 2015, Issue Notification.  
U.S. Appl. No. 13/356,129, Jul. 21, 2015, Office Action.  
U.S. Appl. No. 14/860,413, filed Sep. 21, 2015, Voss et al.  
U.S. Appl. No. 13/356,129, Oct. 7, 2015, Notice of Allowance.

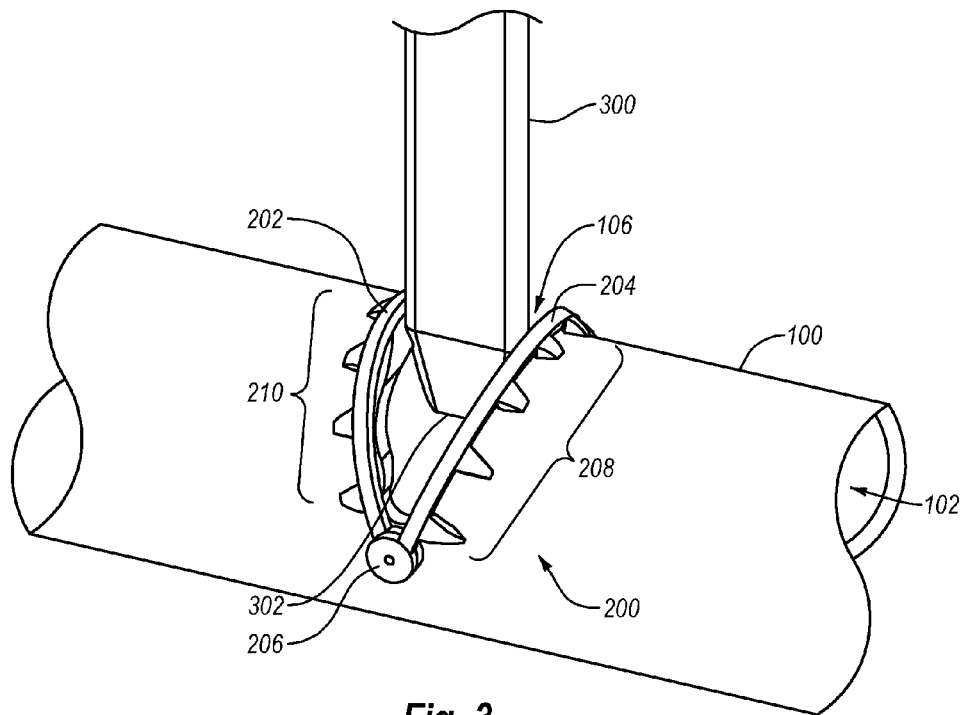
\* cited by examiner



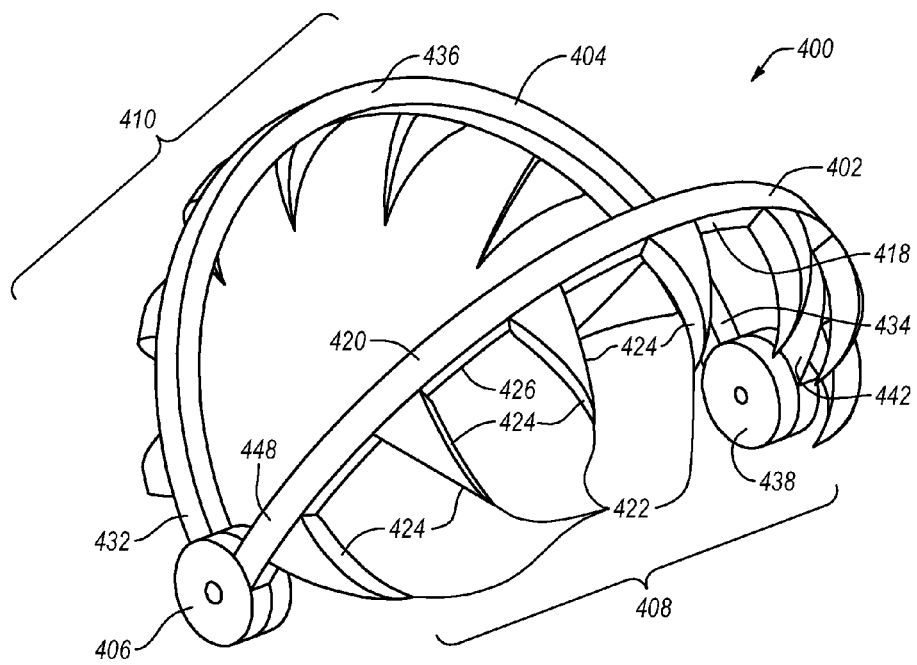
**Fig. 1**



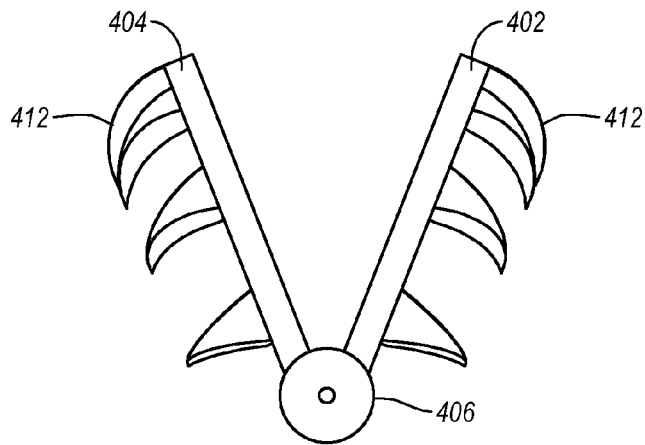
**Fig. 2**



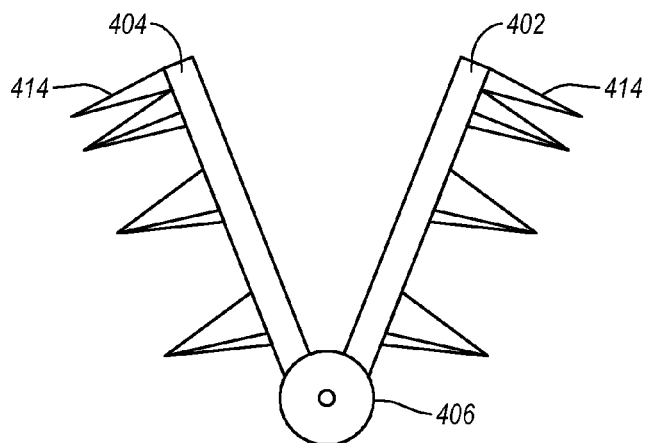
**Fig. 3**



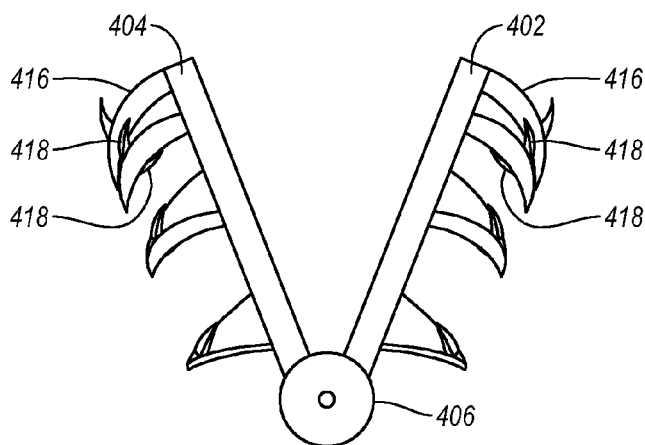
**Fig. 4A**



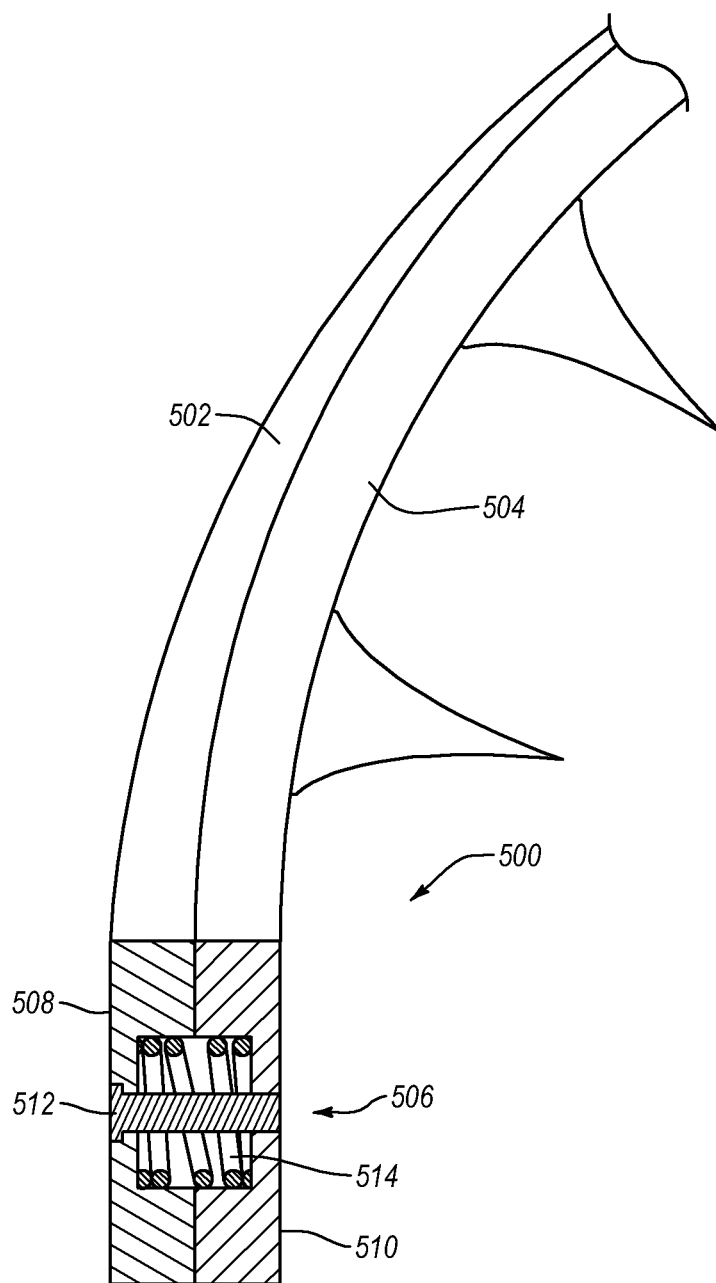
**Fig. 4B**



**Fig. 4C**



**Fig. 4D**



**Fig. 5**

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**HINGED TISSUE SUPPORT DEVICE****CROSS-REFERENCE TO RELATED APPLICATIONS**

This application is a continuation of U.S. patent application Ser. No. 13/035,939 entitled, "Hinged Tissue Support Device", filed Feb. 26, 2011, which is incorporated herein by reference in its entirety.

**BACKGROUND****1. The Field of the Invention**

Embodiments of the invention relate generally to medical devices. More particularly, embodiments of the invention relate to medical devices for managing access in body tissue including closing large holes in the body tissue.

**2. The Relevant Technology**

Catheterization and interventional procedures, such as angioplasty or stenting, are generally performed by inserting a hollow needle through a patient's skin and tissue into the patient's vascular system. A guide wire may be advanced through the needle and into the patient's blood vessel accessed by the needle. The needle is then removed leaving the guide wire in place, enabling an introducer sheath to be advanced over the guide wire into the vessel.

A catheter or other device may then be advanced through a lumen of the introducer sheath and over the guide wire into a position for performing a medical procedure. As the various devices are introduced through the introducer sheath, the opening or access site formed in the vessel may be subjected to additional trauma or tearing during the medical procedure.

Upon completing the procedure, the devices and introducer sheath are removed from the opening, leaving a puncture site or opening in the vessel wall. Traditionally, external pressure would be applied to the puncture site until clotting and wound sealing occur; however, the patient must remain bedridden for a substantial period after clotting to ensure closure of the wound. This procedure, however, may be time consuming and expensive, requiring as much as an hour of a physician's or nurse's time. It is also uncomfortable for the patient and requires that the patient remain immobilized in the operating room, catheter lab, or holding area. In addition, the insertion and removal of various medical devices can lead to problems such as enlarging or tearing the puncture, which can make it more difficult to close the opening.

**BRIEF SUMMARY**

Embodiments of the invention relate to a tissue support device. The tissue support device engages tissue proximate an opening in the tissue. The tissue support device is biased such that the tissue engaged by the tissue support device can be brought in proximity for closing.

In one example, the tissue support device manages access to an opening in tissue. The tissue support device includes first and second portions having corresponding engagement mechanisms. The engagement mechanisms are configured to engage the tissue proximate the opening. A biasing mechanism connects the first and second portions and biases the first and second portions to a closed position.

In another example, the tissue support device is configured to assist in closing an opening in tissue and/or manage access to a body lumen through the opening. The tissue support device includes first and second portions. Each of

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the first and second portions have a central regions extending between ends of the portions. An engagement mechanism extends laterally from each of the portions. The tissue support device also includes a biasing mechanism that joins the portions together. The biasing mechanism exerts a force to bias the portions to a closed position.

Additional features and advantages of the invention will be set forth in the description which follows, and in part will be obvious from the description, or may be learned by the practice of the invention. The features and advantages of the invention may be realized and obtained by means of the instruments and combinations particularly pointed out in the appended claims. These and other features of the present invention will become more fully apparent from the following description and appended claims, or may be learned by the practice of the invention as set forth hereinafter.

**BRIEF DESCRIPTION OF THE DRAWINGS**

In order to describe the manner in which at least some of the advantages and features of the invention can be obtained, a more particular description of the invention briefly described above will be rendered by reference to specific embodiments thereof, which are illustrated in the appended drawings. Understanding that these drawings depict only typical embodiments of the invention and are not therefore to be considered to be limiting of its scope, the invention will be described and explained with additional specificity and detail through the use of the accompanying drawings in which:

FIG. 1 is a perspective view of a vessel and illustrates an opening in the vessel as well as a large opening in the vessel;

FIG. 2 illustrates a side view of a tissue support device for closing an opening in the vessel or for assisting in closing the opening;

FIG. 3 illustrates an example of a device configured for opening a tissue support device;

FIG. 4A shows an illustrative example of a tissue support device;

FIG. 4B shows an example of an engagement mechanism enabling the tissue support device to aid in closing the vessel;

FIG. 4C shows another example of the engagement mechanism;

FIG. 4D shows another example of the engagement mechanism; and

FIG. 5 shows an illustrative example of a biasing mechanism included in a tissue support device.

**DETAILED DESCRIPTION OF EMBODIMENTS OF THE INVENTION**

In general, embodiments of the invention relate to methods and devices for managing access to body lumens, for example by providing tissue support. Although various embodiments of the invention may be discussed with reference to a vessel, one of skill in the art can appreciate, with the benefit of the present disclosure, that embodiments of the invention can also be used in conjunction with other tissue, lumens, and/or with other procedures. Embodiments of the invention relate to a tissue support device for closing or managing holes including large holes in tissue. More specifically, embodiments of the invention relate to a tissue support device that manages access to tissue and that aids in closing openings formed to access the tissue.

In many medical procedures, it is often necessary to create an opening or an access site in tissue for various reasons,



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including to introduce medical devices into the tissue or into body lumens. For example, an opening (e.g., an arteriotomy) is often formed in a vessel during a stenting procedure. After the opening is formed in the vessel, other medical devices are often introduced into the vessel lumen through the same opening. These medical devices are often larger than the needle that originally formed the opening. As a result, the opening is likely to be enlarged in order to accommodate those medical devices. In other words, the insertion, use, and/or removal of these medical devices may cause additional trauma to the vessel (e.g., tearing of the vessel).

The opening in the vessel may also be due to trauma unrelated to a medical procedure, for example a wound or an accident. The size of the opening in the tissue may be relatively larger than, for example, an arteriotomy.

Embodiments of the invention relate to a tissue support device that may be placed around or proximate the opening formed in the vessel during these types of procedures or occurrences. The tissue support device may be configured to reduce or minimize trauma to the vessel as well as aid in closing the opening regardless of how the opening is formed (e.g., surgery, accident, wound, etc.). Embodiments of the invention are further configured for aiding in the closure of large holes, for example, when the vessel is almost completely open, or for bringing the walls of the vessel together such that the opening can be closed using a clip or sutures.

Embodiments of the invention may reduce or minimize tearing that may occur at the opening during the insertion, use, and/or removal of medical devices such as an introducer sheath or catheter or for other reasons. Minimizing or reducing trauma to the vessel, by way of example only, can improve recovery time, keep the size of the opening to a minimum, and/or make the procedure easier to perform.

Generally, the tissue support device is placed and/or anchored at a procedure site. The tissue support device, for example, may be placed in the tissue proximate the opening in the tissue. The tissue support device may be anchored at different locations around the opening. Anchoring the tissue support device in the tissue proximate the opening enables the tissue support device to control the size of the opening. When the tissue support device closes, for instance, the edges of the vessel defining the opening are brought closer together. Closure of the opening can then be completed, by way of example only, using other devices such as clips or sutures. Embodiments of the invention can therefore aid in closing openings formed in a vessel. The completion of the closure process may be achieved using other devices such as clips or sutures.

The tissue support device typically engages at least some of the tissue surrounding or proximate the opening in the tissue. Often, the tissue support device engages the tissue in various locations proximate the opening.

In order to close the opening and/or perform a procedure through the opening in the tissue, the tissue support device is configured to open and close. The tissue support device typically includes a biasing mechanism that urges the tissue support device to a closed position. While the tissue support device can be held in an open position (for example by the insertion of an apparatus through the tissue support device), the biasing mechanism closes the tissue support device when the apparatus is removed.

When a medical device needs to be introduced through the opening in the vessel, the tissue support device can be opened to allow entry of the medical device. Thus, the medical device is inserted through both the interior of the tissue support device and the opening in the tissue in order to be introduced into the body lumen. Often, the medical

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device itself operates to open the tissue support device to permit entry of the medical device into the opening in the vessel. Although the biasing mechanism biases the tissue support device to a closed position, the tissue support device does not typically interfere with the insertion, removal, and/or use of the medical device. The tissue support device may remain engaged with the tissue during the use of a medical device.

When the medical device is removed, the tissue support device may return to a closed position. In some examples, closing of the tissue support device may at least partially close the opening in the vessel. The tissue support device, in this sense, can therefore provide tissue support and provide preclosure support as well.

The tissue support device includes engagement mechanisms that can engage the vessel wall (or other tissue) proximate the opening. The engagement mechanisms attach the tissue support device to the vessel wall. The engagement mechanisms, for instance, may pierce or at least partially pierce the tissue proximate the opening to anchor the tissue support device to the tissue. The engagement mechanisms remain attached to the tissue (or vessel wall) during opening and/or closing of the tissue support device.

When a medical device (e.g., an introducer sheath or catheter) needs to be introduced, the tissue support device is opened to enable introduction of the medical device via the opening through the tissue support device. When the medical device is withdrawn from the opening, the biasing mechanism of the tissue support device returns the tissue support device to its original position, closing or at least partially closing the opening in the vessel in some examples. In some instances, closure of the tissue support device brings the edges of the vessel defining the opening in proximity such that another device (e.g., a clip or sutures) can be used to complete the closure procedure.

FIG. 1 shows an example of a vessel 100. The vessel 100 shows openings 104 and 106. The opening 104 is an example of an opening (e.g., an arteriotomy) formed during a medical procedure and provides an access site for the medical procedure. The opening 106 is comparatively larger than the opening 104 and may also have been formed during a procedure, although the opening 106 may also be the result of a wound or accident.

Embodiments of the tissue support device disclosed herein can be used with large holes, such as the opening 106, as well as smaller holes, such as the opening 104. In this example, walls 108 are examples of tissue proximate the opening 104 and walls 110 are examples of tissue proximate the hole opening.

FIG. 2 illustrates a side view of a tissue support device 200 for closing an opening in the vessel or for aiding in closing the opening in the vessel. The tissue support device 200 can provide tissue support, for example during a medical procedure.

The tissue support device 200 is positioned on the vessel 100 proximate the opening 106. The tissue support device 200 is configured to open and close and is typically biased towards a closed position.

The tissue support device 200 includes a portion 202, a portion 204 that are connected or joined by a biasing mechanism 206. The biasing mechanism 206 may be integral to either or both of the portions 202 and 204. Alternatively, the biasing mechanism 206 may be a separate component that is connected with the portions 202 and 204. The biasing mechanism 206 enables each of the portions 202 and 204 to rotate about an axis defined by the biasing mechanism 206 in one example. Typically, the tissue support device

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includes a pair of biasing mechanisms. The portions **202** and **204** are joined at the respective ends by the biasing mechanisms.

The portion **202** includes an engagement mechanism **210** and the portion **204** includes an engagement mechanism **208**. The engagement mechanisms **208** and **210** can be configured to engage with the walls of the vessel **100** or other tissue. The engagement mechanisms **208** and **210** may engage with tissue that is proximate the opening **106**. As a result, the tissue support device **200** can bring the edges of the opening **106** together during closure of the opening. Particularly, the biasing mechanism **206** may be operatively coupled to the first portion **202** and the second portion **204**. The biasing mechanism may bias the first portion **202** and the second portion **204** towards a closed position from a stressed, open position, where a midpoint of the first engagement mechanism **208** of the first portion **202** and a midpoint of the second engagement mechanism **210** of the second portion **204** are remote, towards an unstressed, closed position, where the midpoint of the first engagement mechanism **208** of the first portion **202** and the midpoint of the second engagement mechanism **210** of the second portion **204** are adjacent.

In the closed position, the portions **202** and **204** have substantially the same shape and may be in contact along their length or slightly separated in the closed position. Alternatively, the portions **202** and **204** may be shaped such that the portions **202** and **204** are only in contact in specific locations in the closed position.

The engagement mechanisms **208** and **210** may be integral with the portions **202** and **204**. In addition, the engagement mechanisms **208** and **210** may extend from the portions **202** and **204** in order to engage with the tissue. The engagement mechanisms **202** and **204** can vary in terms of dimensions and configurations.

During deployment of the tissue support device **200**, in one example, the tissue support device **200** is deployed in the closed position. The tissue support device **200** is then opened. The tissue support device **200** can open, for example, as the portions **202** and **204** rotate about an axis defined by the biasing mechanism **206**. The tissue support device **200** can open, by way of example at least 180 degrees or more if necessary to engage the tissue.

Opening the tissue support device **200** causes the engagement mechanisms **208** and **210** to engage the tissue proximate the opening **106**. Once the engagement mechanisms **208** and **210** engage the tissue, the tissue support device **200** brings the edges of the opening **106** together upon closing.

FIG. 3 illustrates an example of a device configured for opening the tissue support device **200**. In FIG. 3, a device **300** is inserted between the portions **202** and **204** to open the tissue support device **200**. By way of example only, the device **300** may be an introducer sheath, a catheter, a needle, or other device. In one example, the device may have an end **302** that forms an edge or blade. The end **302** of the device may be configured to be inserted between the portions **202** and **204**. As the end **302** is inserted further into the tissue support device **200**, the device **300** may be configured to expand or open the tissue support device **200**. In one example, the device **300** may be rotated to further open the tissue support device **200** and separate the portions **202** and **204** such that the engagement mechanisms **208** and **210** engage the walls of the vessel **100** around the opening **106**. More specifically, the device **300** may be rotated (e.g., approximately 90 degrees) to open the tissue support device **200** and separate the portions **202** and **204**. The end **302** of

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the device **300** may be configured like a blade that is thin in a first direction and comparatively thick in another direction.

Opening the engagement mechanisms **208** and **210** may cause the engagement mechanisms **208** and **210** to engage or attach to the walls of the vessel **100**. Once the tissue support device **200** is engaged with the vessel **100**, the portions **202** and **204** (and the engagement mechanisms **208** and **210**) bring the walls defining the opening in the vessel closer together when the tissue support device **200** closes.

In one example, the device **300** may include an introducer sheath, a needle, a catheter, or the like. In addition, the device **300** can be used to hold the tissue support device **200** open while a procedure is performed through the tissue support device **200** and the opening **106**. For example, the device **300** may be an introducer sheath and other medical devices can be introduced into the vessel's lumen through the introducer sheath. In another example, the various devices used to perform a procedure can each be inserted individually. In this case, the various devices can each be used to open the tissue support device **200** as necessary.

To facilitate opening the tissue support device **200**, at least the portions **202** and **204** or a part thereof may be coated to reduce friction between the portions **202** and **204** and the various medical devices used during the medical procedure.

The biasing mechanism **206** of the tissue support device **200** closes or at least partially closes the opening **106** each time a device is withdrawn. This may help reduce, for instance, blood loss.

FIG. 4A shows an illustrative example of a tissue support device **400**, which is an example of the tissue support device **200**. The tissue support device **400** includes portions **402** and **404** that are joined by a biasing mechanism **406**. In one example, the portions **402** and **404** and the engagement mechanism **406** may be a single integrated unit. Alternatively, the portions **402** and **404** may be joined by the biasing mechanism **406**. Alternatively, one of the portions **402** and **404** may be integrally formed with the biasing mechanism **406**.

FIG. 4A further illustrates that the portion **404** includes a central region **436** extending between an end **432** and an end **434**. The end **432** is connected to or joins the biasing mechanism **406** while the end is connected to or joins the biasing mechanism **438**. The portion **402** is similarly configured and includes ends **440** and **442** that are connected to or join with the biasing mechanisms **406** and **438**, respectively. In this example, the portion **402** may be similarly configured like the portion **404**.

The ends **432** and **434** and the central region **438** of the portion **404** have a generally arcuate shape. In other words, the portions **404** curves in a plane that includes the biasing mechanisms **406** and **438**. In another example, the portion **404** may have a convex shape such that the portion **404** curves in at least two dimensions. When the portions **402** and **404** have a planar arcuate shape, the portions **402** and **404** may be in contact when the tissue support device **400** is in the closed position. When the portions **402** and **404** have a multidimensional curve, the portions **402** and **404** may not be in contact in the closed position.

FIG. 4A also illustrates engagement mechanisms **408** and **410**, which are examples of the engagement mechanisms **208** and **210**. The engagement mechanisms **408** and **410** includes needles **424**. The needles **424** extend from a side **418** of the portion **402**. Alternatively, the needles **410** may extend from a top **420** or bottom **426** of the portion **402**.

In this example, the needles **424** are shaped to extend from the portion **402** and narrow to a point **422**. The points **422** of the needles **424** can pierce (partially or completely)

the walls of the vessel around the opening. The needles **424** can each be configured in a similar manner or in different manners. For instance, some of the needles may be shorter, thicker, have a different orientation, or the like or any combination thereof. More generally, the dimensions and/or orientations of the individual needles **424** can vary or be the same.

FIGS. **4B**, **4C**, and **4D** illustrate examples of different configurations of the needles **424**. FIG. **4B** illustrates a needle **412** that curves inwardly as the needle extends from the portion **402**. FIG. **4C** illustrates needles **414** that extend out from the portion **402** substantially straight with little curve. FIG. **4D** illustrates needles **416** that includes barbs **418**. The barbs **418** on at least some of the needles **416** are typically configured to ensure that the needles **416** do not disengage from the vessel **100** after engaging with the vessel **100**. The barbs **418** can be included on any of the various needles disclosed herein.

FIG. **5A** illustrates an example of a biasing mechanism **506** in a tissue support device **500**, which is an example of the tissue support device **200**. The biasing mechanism **506** includes an end **508** and an end **510**. The end **508** and the end **510** are joined at a pivot **512** that enables the ends **508** and **510** to rotate relative to each other. As the tissue support device **500** opens, the ends **508** rotate about the pivot **512**. In another example, the pivot **512** may correspond to a portion of the tissue support device **500** that flexes when the portions **502** and **504** are separated. As the pivot **512** flexes, the pivot **512** exerts a force to bias the tissue support device to the closed position.

In this example, the ends **508** and **510** are at least partially hollow. A spring **514** is disposed inside of the ends **508** and **510** and arranged to pass through the pivot **512**. The ends **508** and **510** typically include a stop disposed in their interiors against which the ends of the spring **514** rest. As the tissue support device opens, the stops (or more generally the portions **502** and **504**) push against the ends of the spring **514**. As the tissue support device **500** opens, the spring **514** exerts a force that biases the tissue support device **500** to the closed position. The spring **514** is typically strong enough to close the tissue support device **500** after the tissue support device **500** is engaged with the tissue.

In another example, the bias mechanism **506** includes a hinge and the portions **502** and **504** open and close about the hinge.

In another example, the bias mechanism **506** may include a shape memory material. In this case, the tissue support device **500** can be deformed when opening or when inserting a medical device. The bias mechanism returns to a set shape, for example, when the medical device is removed.

In one embodiment, the portions **502** and **504** may be relatively inflexible. In this example, the relative movement of the portions **502** and **504** is accomplished through the bias mechanism.

The tissue support device **500** is configured to close large holes, for example, when the vessel is almost completely open. The tissue support device **500** can be opened at least 180 degrees such that the tissue support device is relatively flat. This enables the tissue support device **500** to be used with large holes.

In one embodiment, the tissue support device can include a variety of suitable deformable alloy metal materials, including stainless steel, silver, platinum, tantalum, palladium, cobalt-chromium alloys or other known biocompatible alloy metal materials.

In one embodiment, the tissue support device may also include shape memory materials.

In one embodiment, the tissue support device can include a suitable biocompatible polymer in addition to or in place of a suitable metal. The tissue support device can include biodegradable or bioabsorbable materials, which may or may not be elastically deformable.

It is further contemplated that the external surface and/or internal surface of the tissue support device or tissue support device element (e.g., exterior and/or luminal surfaces) can be coated with another material having a composition different from a primary tissue support device material. The use of a different material to coat the surfaces can be beneficial for imparting additional properties to the tissue support device, such as providing radiopaque characteristics, drug-reservoirs, and improved biocompatibility.

In one configuration, the external and/or internal surfaces of the tissue support device can be coated with a biocompatible polymeric material as described herein. Such coatings can include hydrogels, hydrophilic and/or hydrophobic compounds, and polypeptides, proteins or amino acids or the like. Specific examples can include polyethylene glycols, polyvinylpyrrolidone (PVP), polyvinylalcohol (PVA), parylene, heparin, phosphorylcholine, polytetrafluorethylene (PTFE), or the like.

Accordingly, the coating material can contain a drug or beneficial agent to improve the use of the tissue support device. Such drugs or beneficial agents can include antibiotics, for example.

The present invention may be embodied in other specific forms without departing from its spirit or essential characteristics. The described embodiments are to be considered in all respects only as illustrative and not restrictive. The scope of the invention is, therefore, indicated by the appended claims rather than by the foregoing description. All changes which come within the meaning and range of equivalency of the claims are to be embraced within their scope.

What is claimed is:

1. A tissue support device for managing access to an opening in tissue, the tissue support device comprising:

a first portion having a first engagement mechanism configured to engage the tissue proximate the opening, the first portion having a curved shape extending from a first end of the first portion to a second end of the first portion;

a second portion having a second engagement mechanism configured to engage the tissue proximate the opening, the second portion having a curved shape extending from a first end of the second portion to a second end of the second portion; and

a biasing mechanism operatively coupled to each of the first ends and second ends of the first portion and the second portion and biasing the first portion and the second portion towards a closed position from a stressed, open position, where a midpoint of the first portion and the first engagement mechanism of the first portion and a midpoint of the second portion and the second engagement mechanism of the second portion are remote, towards an unstressed, closed position, where the midpoint of the first portion and the midpoint of the second portion abut, a portion of the biasing mechanism operatively coupled to the first ends being axially aligned, along a pivot axis of the biasing mechanism, with a portion of the biasing mechanism operatively coupled to the second ends.

2. The tissue support device of claim 1, wherein the first portion and the second portion are configured to move between the closed position and an open position by rotating about a second axis.

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3. The tissue support device of claim 1, wherein a pivotal connection between the first portion and the second portion enables the first portion and second portion to open at least 180 degrees.

4. The tissue support device of claim 1, wherein the curved shape of the first portion and the second portion is substantially a semi-circle.

5. The tissue support device of claim 1, wherein the biasing mechanism includes:

- a first biasing mechanism connecting the first end of the first portion with the first end of the second portion; and
- a second biasing mechanism connecting the second end of the first portion with the second end of the second portion.

6. The tissue support device of claim 1, wherein the biasing mechanism includes a first hinge and a second hinge, wherein the first hinge and the second hinge join the first and second portions.

7. The tissue support device of claim 1, wherein the biasing mechanism comprises at least one spring, wherein the at least one spring is positioned inside of the biasing mechanism.

8. The tissue support device of claim 1, wherein the first engagement mechanism and the second engagement mechanism each comprise a plurality of needles extending from the first portion and the second portion.

9. The tissue support device of claim 8, wherein at least some of the needles comprise barbs are angled to facilitate insertion of the plurality of needles into the tissue while resisting removal of the at least some of the needles from the tissue.

10. The tissue support device of claim 8, wherein the plurality of needles curve inwardly toward the opening when engaged with the tissue.

11. A tissue support device for assisting in closing an opening in tissue, the tissue support device comprising:

- a first portion having a first central region extending between a first end and a second end, the first central region having a curved shape, and the first portion having a first engagement mechanism extending laterally from the first portion;

a second portion having a second central region extending between a first end, a second end, the second central region having a curved shape, and the second portion having a second engagement mechanism extending

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laterally from the second portion in a direction substantially opposed to the first engagement mechanism when the first portion and the second portion are in a closed position such that a midpoint of the first portion and a midpoint of the second portion are directly adjacent; and

- a biasing mechanism joining the first end of the first portion with the first end of the second portion and joining the second end of the first portion with the second end of the second portion, wherein the biasing mechanism exerts a force to bias the first portion and the second portion to the closed position,

wherein, the first engagement mechanism extends from one of a side, a top, or a bottom of the first portion and wherein the second engagement mechanism extends from one of a side, a top, or a bottom of the second portion, and

wherein the first engagement mechanism and the second engagement mechanism each comprise at least one needle, the at least one needle configured to engage the tissue proximate the opening when the first portion and the second portion are in an open position, wherein the first portion and the second portion bring the tissue proximate the opening closer together in the closed position.

12. The tissue support device of claim 11, wherein the curved shape of the first central region and the second central region is substantially a semi-circle.

13. The tissue support device of claim 11, wherein the biasing mechanism comprises a first hinge and a second hinge, the first hinge joining the first end of the first portion with the first end of the second portion and the second hinge joining the second end of the first portion with the second end of the second portion.

14. The tissue support device of claim 11, wherein the at least one needle curves inwardly toward the opening in the tissue.

15. The tissue support device of claim 11, wherein the first portion and the second portion are integrated with the biasing mechanism.

16. The tissue support device as recited in claim 11, wherein the biasing mechanism comprises a plurality of hinges, each hinge including a spring.

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